

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000044

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 47

FILED FEB 11 1963

VS 300
Rev. 4/59

10017

20017

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		c. CITY OR TOWN Kirksville	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. N. H. No. 1		d. STREET ADDRESS (If outside, give location) 1008 E. Jefferson	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle E. Last Spillman		4. DATE OF DEATH Month 2 Day 5 Year 63	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/20/70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad worker		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (last birthday) 92
11. BIRTHPLACE (City and state or country) Davis Co. Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Riley Spillman		13b. MOTHER'S MAIDEN NAME Rebecca Anderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		17. INFORMANT Address Mrs. Joseph Ludwig-Kirksville, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Toxemia		INTERVAL BETWEEN ONSET AND DEATH days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Submandibular Abscess (Ludwig's Angina)		week	
DUE TO (c) General debilitation and cachexia			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Probable Carcinoma of Prostate. Pulmonary effusion (Pleural). Metastatic-type lesions ribs and lungs.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kirksville, Mo.	
21. I attended the deceased from Jan. 10, 1963 to Feb. 5, 1963 and last saw him alive on Feb. 4, 1963 Death occurred at 1:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 800 W. Jefferson	
22a. SIGNATURE Irvin Pretsky, D.O.		22c. DATE SIGNED 2/6/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/7/63	23c. NAME OF CEMETERY OR CREMATORY Highland Park	
24. FUNERAL DIRECTOR Davis & Davis		25. DATE RECD. BY LOCAL REG. 2-8-1963	
ADDRESS Kirksville, Mo.		26. REGISTRAR'S SIGNATURE Doris W. Rath	

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1963

IRVIN PRETSKY, D.O.

No permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Hanis

Licensed Embalmer No. 4219
P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.